

# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b>		<b>Application Number</b>	<b>10/596,065</b>
		<b>Filing Date</b>	<b>May 26, 2006</b>
		<b>First Named Inventor</b>	<b>Yoav Kimchy</b>
		<b>Art Unit</b>	<b>3768</b>
		<b>Examiner Name</b>	<b>Hien Ngoc Nguyen</b>
<b>Total Number of Pages in This Submission</b>	<b>8</b>	<b>Attorney Docket Number</b>	<b>C032-7000US0</b>

## ENCLOSURES *(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Fee Transmittal ( pages)<br><input type="checkbox"/> Credit Card Payment Form ( pages)<br><input type="checkbox"/> Reply to Office Action ( pages)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Petition for Extension of Time – month(s) ( pages)<br><input type="checkbox"/> Information Disclosure Statement ( pages)<br><input type="checkbox"/> Form PTO/SB/08A ( pages)<br><input type="checkbox"/> Copy(ies) of Document(s) Listed on Form PTO/SB/08A ( pages)<br><input type="checkbox"/> Response to Notice to File Missing Parts ( pages)<br><input type="checkbox"/> Fully-Executed Declaration ( pages)<br><input type="checkbox"/> Copy of Notice ( pages)<br><input type="checkbox"/> Assignment Cover Sheet ( pages)<br><input type="checkbox"/> Fully-Executed Assignment ( pages)<br><input type="checkbox"/> Revocation of Power of Attorney, Grant of New Power of Attorney, and Change of Correspondence Address ( pages) | <input type="checkbox"/> Drawings – FIGS. 1- ( pages)<br><input type="checkbox"/> Petition ( pages)<br><input type="checkbox"/> Terminal Disclaimer ( pages)<br><input type="checkbox"/> Request for Refund ( pages)<br><input checked="" type="checkbox"/> After Allowance Communication (7 pages)<br><input type="checkbox"/> Notice of Appeal ( pages)<br><input type="checkbox"/> Appeal Brief ( pages)<br><input type="checkbox"/> Status Inquiry ( pages)<br><input type="checkbox"/> Other Enclosure(s):<br><br><div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> |
|---|---|

Remarks:

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Rissman Hendricks & Oliverio, LLP		
Signature	/wolfgang e. stutius/		
Printed Name	Wolfgang E. Stutius		
Date	2010-06-09	Reg. No.	40,256

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this Transmittal Form and the above-identified correspondence are being facsimile transmitted to the USPTO's Central FAX Number (571-273-8300) on the date shown below.

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